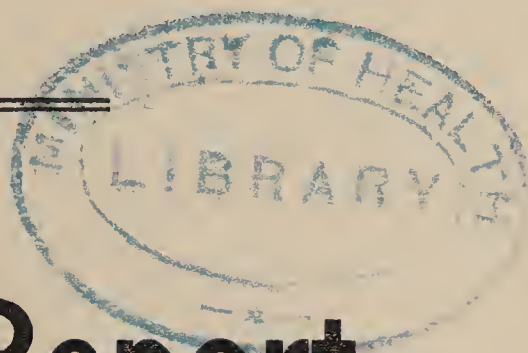


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**Annual Report**

OF THE  
**Medical Officer of Health**

(J. LYONS, M.B., Ch.B., M.R.C.S., L.R.C.P., D.P.H.)

FOR 1951.



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URBAN DISTRICT COUNCIL

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ELLAND :  
M. Pilling & Sons, Ltd., Printers, The Cross.

## **PUBLIC HEALTH STAFF.**

### **Ripponden U.D.C.**

#### **Medical Officer of Health :**

J. LYONS, M.B., Ch.B., M.R.C.S., L.R.C.P., D.P.H.

#### **Deputy Medical Officer of Health :**

G. A. WILTHEW, M.B., B.S., B.Sc.

#### **Sanitary Inspector and Surveyor :**

J. SHARPLES, C.S.I., A.I.S.E., F.A.B.S.S.

### **West Riding County Council.**

#### **Preventative Medical Services : Health Division 19.**

Staff with duties in the Ripponden district.

Divisional Medical Officer : as above (M.O.H.).

Deputy Divisional Medical Officer : as above (Deputy M.O.H.).

Assistant County Medical Officer and Medical Officer for  
Ripponden Maternity and Child Welfare Clinic :  
ALICE SEELIG, M.D.

School Dental Officer :

Vacant.

Health Visitor :

A. ALLAN, S.R.N., S.C.M. (Retired 31st May, 1951).

M. O. FORRESTER, S.R.N., S.C.M. (Commenced  
2nd April, 1951).

Tuberculosis Health Visitor :

B. G. NICHOLL, S.R.N.

Mental Health Social Worker :

E. C. WROE, S.R.N., R.M.N., S.C.M., H.V.

Midwife :

F. A. NEAVE, S.C.M. (Retired 31st April, 1951).

M. RICHARDSON, S.R.N., C.M.B. (Commenced  
1st October, 1951).

Home Nurse :

A. HOWARTH, S.R.N., S.C.M.

### **Halifax Area Hospitals Management Committee :**

#### **Consultant Staff :**

Ear, Nose and Throat Surgeon :

W. O. LODGE, M.D., F.I.C.S., F.R.C.S. (Edin.).

Chest Physician :

BERTRAM MANN, B.Sc., M.D., D.P.H.

Orthopaedic Surgeon :

G. HYMAN, M.B., F.R.C.S.

Ophthalmic Surgeon :

R. W. GREATOREX, M.B., Ch.B.



Abraham Ormerod Medical Centre,  
Todmorden.  
October, 1952.

To the Chairman and Members of the Council,

Gentlemen,

I have the honour to present the fifth Annual Report since the inception of the scheme of Divisional Health Administration. Under this arrangement your Medical Officer of Health is also Divisional Medical Officer for the West Riding County Council's local health services and has similar functions in the Borough of Todmorden, the Urban District of Sowerby Bridge and Hebden Royd, and the Rural District of Hepton. The scheme has led to a closer integration of local authority health services.

A study of the vital statistics reveals a drop in the birth rate and an increase in the death rate as compared with the previous year. The former is merely a local reflection of the national trend ; the latter may be attributed largely to the prevalence of influenza in the early months of 1951. The influenza was relatively severe and, although it was not **directly** responsible for any deaths in Ripponden, it did have a devastating effect on those patients who were already weakened by other illness or old age.

Deaths from notifiable infectious disease were fortunately limited to two, both being caused by respiratory tuberculosis. It was not without significance that there were more deaths from road accidents than from the major infectious diseases. This fact is at one and the same time both a tribute to the achievements of preventive medicine and a condemnation of the public's indifference towards the growing problem of accidents. News of a hundred deaths in a railway disaster quite justifiably stuns and shocks us, while the death of over a hundred men, women and children **every week** on the roads of Great Britain seems to evoke scarcely any emotional response in the general public. Accidents, like other causes of death, can to some degree be prevented and both central and local government will in the future be compelled to take increasingly drastic measures to curb this unnecessary carnage. Local health committees will have a part to play more especially in relation to accidents in the home. Accident-prevention propaganda is already an established part of health education. The Health Visitor, entering the homes of every infant, now not only advises on mothercraft, immunisation and the like, but also on the measures which can be taken to minimise the risks of accidents in the home. This work must continue and develop.

The welfare of the aged continues to be a matter for concern. The problem is accentuated locally by the exceptionally high proportion of elderly persons in the population. The "over 65's" comprises over 13% of the Ripponden population and the proportion is tending to increase year by year. The corresponding figure for the County Area as a whole is estimated at 10.5%. Waiting-lists of those needing institutional or hospital care continue to grow and even urgent cases cannot be dealt with as expeditiously as one would like. The picture is not however uniformly gloomy. Far more is now being done to help those old folk who with some assistance can be reasonably fit and happy in their own homes, which is after all where they most want to be. The home help service has been extended in this Division and a greater proportion of the home helps' working time is being devoted to the elderly. The home nursing service is working at full pressure and, although the nursing care of the aged is heavy work, often dirty, and sometimes thankless, the nurses are carrying on in the best traditions of their noble profession. The General Practitioners too deserve credit for their diligence with elderly patients. A periodic visit from the doctor, along with his smile and a chat, is often of greater value for these cases than any number of bottles of pigmented National Health Service liquor. The Health Visitors, combining the qualifications and experience of nurse and social worker, play an invaluable role as medico-social investigators of the more difficult cases. Their advice to patients and relatives has often smoothed a furrowed brow and their reports on home conditions have been of great value to the hospitals in the assessment of priority for admission on social grounds. It cannot be too frequently stressed that the need for hospitalisation in the aged is dictated in nearly all cases by the social circumstances of the patients rather than by the nature of their illness. Improved facilities and assistance in the home can greatly reduce the pressure on "chronic-sick" beds.

Special credit must go to the Ripponden Old People's Welfare Committee. Among their activities have been the routine visiting of old persons living alone, the organisation of a 'Golden Age Club,' the provision of small comforts, gifts, and other valuable services. One hopes that the Committee will be able to continue and expand this excellent work. If one may be allowed to offer them a practical suggestion, it is that an attempt be made to provide a **daily** meal service for those too infirm to do their own shopping and cooking. I have personally seen more malnutrition in the aged than in any other age group; a bread and jam diet accelerates the physical and mental deterioration of old age.

In conclusion I wish to thank the members of the Council for their kindness, patience and co-operation, and to thank Mr. Sharples, Sanitary Inspector and Surveyor, for his kindness and efforts to give me the sanitary circumstances of the area, and indeed to all your officials with whom I made contacts personal and official.

I have the honour to be Gentlemen,

Your obedient servant,

J. LYONS, M.B., Ch.B., M.R.C.S., L.R.C.P., D.P.H.,

Medical Officer of Health.



## SECTION 1.

### Vital Statistics.

#### STATISTICS.

Area—13,289 acres.

Population—Registrar General's estimate of Resident

Population, mid. 1951—5,309.

Census 1951—5,213.

Number of dwelling-houses—1,891.

Rateable Value—£33,733.

Product of a penny rate—£133.

#### Summary of Vital Statistics.

	Total	M	F	
Live Births— Legitimate Illegitimate	67 3	33 1	34 2	Birth Rate per 1,000 of the estimated resident population 13.2.
Still Births— Legitimate Illegitimate	4 —	— —	4 —	Rate per 1,000 total (live and still) births 54.
All Deaths	74	37	37	Death Rate per 1,000 of the esti- mated resident population 13.9.
Deaths of Infants under 1 year— Legitimate Illegitimate	4 —	2 —	2 —	Infant Mortality Rate (Deaths under 1 year per 1,000 live births) 57.1.



# Causes of Death in Ripponden U.D.

						1951.	
Cause of Death.						M.	F.
1	Tuberculosis, respiratory	...	...	...	...	2	—
2	Tuberculosis, other	...	...	...	...	—	—
3	Syphilitic disease	...	...	...	...	—	—
4	Diphtheria	...	...	...	...	—	—
5	Whooping Cough	...	...	...	...	—	—
6	Meningococcal infections	...	...	...	...	—	—
7	Acute poliomyelitis	...	...	...	...	—	—
8	Measles	...	...	...	...	—	—
9	Other infective and parasitic diseases	...	...	...	...	—	—
10	Malignant neoplasm, stomach	...	...	...	...	1	—
11	Malignant neoplasm, lung, bronchus	...	...	...	...	—	—
12	Malignant neoplasm, breast	...	...	...	...	—	—
13	Malignant, neoplasm, uterus	...	...	...	...	—	—
14	Other malignant and lymphatic neoplasms	...	...	...	...	—	2
15	Leukaemia, aleukaemia	...	...	...	...	—	—
16	Diabetes	...	...	...	...	—	—
17	Vascular lesions of nervous system	...	...	...	...	8	11
18	Coronary disease, angina	...	...	...	...	7	2
19	Hypertension with heart disease	...	...	...	...	—	4
20	Other heart disease	...	...	...	...	6	12
21	Other circulatory disease	...	...	...	...	—	—
22	Influenza	...	...	...	...	—	—
23	Pneumonia	...	...	...	...	2	1
24	Bronchitis	...	...	...	...	2	2
25	Other diseases of respiratory system	...	...	...	...	—	—
26	Ulcer of stomach and duodenum	...	...	...	...	—	—
27	Gastritis, enteritis and diarrhoea	...	...	...	...	—	—
28	Nephritis and nephrosis	...	...	...	...	—	1
29	Hyperplasia of prostate	...	...	...	...	2	—
30	Pregnancy, childbirth, abortion	...	...	...	...	—	—
31	Congenital malformation	...	...	...	...	1	—
32	Other defined and ill-defined diseases	...	...	...	...	3	1
33	Motor vehicle accidents	...	...	...	...	3	—
34	All other accidents	...	...	...	...	—	1
35	Suicide	...	...	...	...	—	—
36	Homicide and operations of war	...	...	...	...	—	—
Total, all causes						37	37

## Principal Vital Statistics for the year 1951.

Based on the Registrar-General's Figures.

	Ripponden Urban District	Aggregate West Riding District	West Riding Admin. County	England and Wales (Prov. figures).
BIRTH RATE—(per 1,000 estimated population) ...	13.2	15.6	15.8	15.5
DEATH RATES— (All per 1,000 estimated population) All causes	13.9	13.5	12.7	12.5
Infective and parasitic diseases* ...	Nil	0.11	0.10	* *
Tuberculosis of respiratory system ...	0.38	0.24	0.24	0.28
Other forms of tuberculosis ...	Nil	0.04	0.04	0.04
Respiratory diseases‡ (excluding tuberculosis of respiratory system) ...	1.32	1.90	1.81	* *
Cancer ...	0.57	1.89	1.80	1.96
Heart and circulatory diseases§ ...	5.84	5.10	4.72	* *
Vascular lesions of nervous system ...	3.58	1.86	1.72	* *
INFANT MORTALITY (Deaths under one year per 1,000 live births)	57.1	30.8	31.8	29.6
MATERNAL MORTALITY (Deaths of Mothers in childbirth per 1,000 live and still-births) ...	Nil	0.81	0.93	0.79

\*Combined death rate from syphilitic diseases, acute poliomyelitis, meningococcal infections, diphtheria, measles, whooping cough, and other infective and parasitic diseases.

†Combined death rate from influenza, bronchitis, pneumonia, and other respiratory diseases, excluding tuberculosis of the respiratory system.

§Combined death rate from heart disease and other diseases of the circulatory system.

\* \* Figures not available.

## Principal Vital Statistics for the year 1951.

Based on the Registrar-General's Figures.

## Comparison with neighbouring districts in County Health Division 19.

	Rippon-		Tod-	Hebden		Sowerby	
	den		morden	Royd	Bridge	Hepton	
	U.D.		B.	U.D.	U.D.	R.D.	
BIRTH RATE—(per 1,000 estimated population) ...	13.2	...	13.8	12.3	16.2	13.7	
DEATH RATES— (All per 1,000 estimated population) All causes	13.9	...	18.0	17.1	16.4	15.5	
Infective and parasitic diseases* ...	Nil	...	0.16	Nil	Nil	0.25	
Tuberculosis of respiratory system ...	0.38	...	0.26	0.39	0.39	Nil	
Other forms of tuberculosis ...	Nil	...	Nil	Nil	Nil	Nil	
Respiratory diseases‡ (excluding tuberculosis of respiratory system) ...	1.32	...	3.01	2.55	2.13	2.70	
Cancer ...	0.57	...	2.17	1.77	2.24	3.19	
Heart and circulatory diseases§ ...	5.84	...	7.14	6.58	6.56	6.38	
Vascular lesions of nervous system ...	3.58	...	2.06	2.85	2.13	0.98	
INFANT MORTALITY (Deaths under one year per 1,000 live births)	57.1	...	34.4	32.0	23.1	71.4	
MATERNAL MORTALITY (Deaths of Mothers in childbirth per 1,000 live and still-births) ...	Nil	...	Nil	Nil	3.18	Nil	

\*Combined death rate from syphilitic diseases, acute poliomyelitis, meningococcal infections, diphtheria, measles, whooping cough, and other infective and parasitic diseases.

‡Combined death rate from influenza, bronchitis, pneumonia, and other respiratory diseases, excluding tuberculosis of the respiratory system.

§Combined death rate from heart disease and other diseases of the circulatory system.



## SECTION II.

### General Provision of Health Services.

#### A. Hospitals.

There is no hospital in Ripponden. Patients requiring hospital treatment are referred as a rule to hospitals under the administration of the Halifax Area Hospitals Management Committee (National Health Service). Included in this group are the Halifax General Hospital, Royal Halifax Infirmary, St. John's Hospital, (for aged and chronic sick), Shelf Sanatorium, Northowram Hospital for Infectious Diseases, Todmorden Fielden Hospital (for long stay medical cases in children), and Todmorden Stansfield View Hospital (for mental defectives).

Maternity beds are available at both the Halifax General and Royal Infirmary. Priority in booking is given to abnormal cases, mothers expecting their first child, and mothers with unsatisfactory home conditions.

Special hospitals (e.g. Mental Hospitals, special Orthopaedic Hospitals, Tuberculosis Sanatoria, etc.) outside the Halifax area are available when required ; they are situated in various parts of the so-called " Leeds Hospital Region " which in fact extends into all three Ridings.

#### B. Professional Nursing in the Home.

The West Riding County Council is responsible for both home nursing and midwifery in this area. There is one full-time Home Nurse and one full-time Midwife working in Ripponden.

#### C. Ambulance Facilities.

The County Ambulance Service (Divisional Depot at Brighouse—telephone Brighouse 840) covers this district. Arrangements also exist with the Halifax County Borough Health Department for the use of their ambulances for the transfer of patients to and from the hospitals in Halifax.

#### D. Clinics and Treatment Centres.

The Maternity and Child Welfare Clinic is held at the Zion Congregational Sunday School, Ripponden, every Tuesday afternoon, and is attended by Dr. A. Seelig and the Health Visitor. An Ante-Natal Clinic similarly staffed is held in the early afternoon of the first Tuesday in every month. A School Clinic staffed by the Health Visitor is held each Tuesday morning.



## **E. Laboratory Facilities.**

These are provided by the Public Health Laboratory Service (directed by the Medical Research Council for the Ministry of Health) at laboratories in Wakefield and Bradford.

## **F. Issue of Anti-toxin, etc.**

Supplies of diphtheria and tetanus anti-toxin are available at the Halifax Isolation Hospital and the Halifax General Hospital for issue to medical practitioners requiring it.

By arrangement with the Regional Hospital Board supplies of tetanus anti-toxin are also kept at the Divisional Health Office, The Medical Centre, Todmorden, for use of local medical practitioners in the Division. A supply of reagents for diphtheria and whooping-cough immunisation is also available free of charge to private practitioners who have undertaken to participate in the West Riding County Council's schemes of immunisation.

# **SECTION III.**

## **W.R.C.C. PREVENTATIVE HEALTH SERVICES.**

### **A. Care of Mothers and Young Children.**

#### **Ripponden Ante Natal Clinic.**

Number of expectant mothers attending during the year	16
Total number of attendances	63

#### **Ripponden Child Welfare Centre.**

Number of children attending during the year	133
Total number of attendances	974

#### **Home Visiting of Infants.**

Total number of births to Ripponden mothers	74
Number of first visits to children under 1 year	66
Total number of visits to children under 1 year	455
Total number of visits to children aged 1—5 years	907

#### **Day Nursery Accommodation.**

The nearest Day Nursery to which Ripponden children may be admitted is at Sowerby Bridge, priority for admission being granted according to the following categories :—

- (a) The young child whose mother is ill or having a baby.
- (b) The illegitimate child whose mother is seeking work.

- (c) Children of parents who cannot find suitable homes or are living in overcrowded and/or insanitary dwellings.
- (d) The young child of the widow who must educate and support the family unassisted, and also the young child of the mother whose husband is ill.

Where vacancies still remain after the above categories have been dealt with priority is then given to mothers engaged in the textile or armament industries.

**Care of Premature Infants.**

Special equipment and nursing staff is available for use in the home in cases requiring them.

**Provision of Maternity Outfits.**

These are provided free to mothers preparing for confinement in their own homes.

**B. Midwifery Service.**

Number of home confinements	...	...	...	...	15
Number of hospital confinements	...	...	...	...	59

**Analgesia.**

The Ripponden Midwife is trained in the administration of gas and air analgesia and is provided with the necessary equipment. Analgesia is available to all mothers desiring it subject to satisfactory medical examination by a doctor. It is hoped that more mothers will make use of this valuable service.

**C. Home Nursing Service**—See B, under Section II.

**C. Ambulance Service**—See C, under Section II.

**E. Health Visitor.**

The duties of the Health Visitor are combined with those of School Nurse. In pursuance of the National Health Service Act the scope for this service includes home visiting for the purpose of giving advice as to the care of children, of persons (including adults) suffering from illness, and of expectant and nursing mothers. The Health Visitor also gives advice in the home as to measures necessary to prevent the spread of infection.

**F. Home Helps.**

In accordance with the National Health Service Act, the County Council provide domestic help for cases coming within the following classifications :—

- (1) Where there is illness in the home.

- (2) For an expectant mother.
- (3) For a confinement in the home.
- (4) Where needed because of a mentally defective person in the home.
- (5) Where needed because of illness or infirmity in the aged.
- (6) Where there are children of, or under, school age and the mother is ill or otherwise not able to care for them.

There was further expansion of the work done by home helps in Ripponden in 1951 and recruits from the Sowerby Bridge district had to be called in to deal with the needs of persons requiring their services. 18 cases were attended and the total number of hours worked was over 3,200 compared with 600 the previous year.

### G. Care and after Care.

Special provisions are in operation for the care and after care of patients suffering from tuberculosis, mental illness or defect, venereal disease, and other illnesses.

### H. School Health Service.

Number of schools in district ... ..	4
Number of children in attendance at school at end of 1951	406
Number of children examined at school during 1951 ...	208

This figure being made up as follows :—

Routine examinations ... ..	132
Re-examinations ... ..	76
Number of above children referred for treatment ... ..	12

### I. Immunisation and Vaccination.

In accordance with the National Health Service Act, immunisation against diphtheria and vaccination against smallpox may be done either at the clinic or by the family doctor.

#### Number of Children in Ripponden who had completed a full course of Immunisation at any time to 31.12.51.

Age at 31/12/51	Under 1	1	2	3	4	5/9	10/14	Total Under 15
No. immun.	14	34	30	9	91	515	211	904

Estimated mid-year population : Children under 5—412, Children 5 to 14—802. Total 1214.



Number of Children in Ripponden who completed a full  
course of immunisation, 1951.

Began and completed injections 1951 :—

0-1	1	2	3	4	5	6	7	8	9	10	11	12	13	14
14	24	9	3	—	10	2	3	4	3	2	—	2	5	8

Total 89.

Immunised in previous years, re-treated 1951 :—

0.1	1	2	3	4	5	6	7	8	9	10	11	12	13	14
—	—	—	—	3	18	8	3	5	6	11	2	1	18	29

Total 104.

**Vaccination.**

During the year records were received of the vaccination against smallpox of 25 persons living in the Ripponden area. Of this number 18 were infants under the age of one year.

**SECTION IV.**  
**INFECTIOUS DISEASES.**

Summary of Notifications received in year 1951.

Disease.	Total Cases Notified.
Scarlet Fever ... ..	1
Whooping cough ... ..	13
Acute poliomyelitis ... ..	—
Measles ... ..	180
Diphtheria ... ..	—
Acute pneumonia ... ..	5
Dysentery ... ..	—
Smallpox ... ..	—
Acute encephalitis ... ..	—
Enteric or Typhoid fever ... ..	—
Paratyphoid fevers ... ..	—
Erysipelas ... ..	1
Meningococcal infection ... ..	—
Food Poisoning ... ..	—
Puerperal pyrexia ... ..	—
Ophthalmia Neonatorum ... ..	—
Pulmonary tuberculosis ... ..	3
Other forms of Tuberculosis ... ..	2



## Tuberculosis.

The number of cases notified during 1951 are given in detail in the following table :—

Age Period	New Cases.			
	Respiratory.		Non-Respiratory.	
	M.	F.	M.	F.
0— 1	—	—	—	—
1— 5	—	—	—	1
5—10	—	—	—	—
10—15	—	—	—	1
15—20	—	—	—	—
20—25	—	1	—	—
25—35	—	1	—	—
35—45	—	1	—	—
45—55	—	—	—	—
55—65	—	—	—	—
65 & over	—	—	—	—
Totals	—	3	—	2

There were two deaths from tuberculosis during 1951.

## SECTION V.

### Sanitary Circumstances.

Number of Houses in district ... .. 1891

### Water Supply.

Source of supply—Springs. Distributed by Ripponden U.D.C.

No. of dwellinghouses on public supply (direct to houses) 1353

No. of dwellinghouses not on public supply ... .. 538

The main supply is from the Council's small reservoir which is fed from an underground spring.

### Examination of supplies.

Number of examinations made during year :—

(a) Chemical—2. Result—Satisfactory.

(b) Bacteriological—Nil.

No supplies have been restricted or closed during the year.

## Drainage and Sewage.

No sewer extensions were carried out during 1951.

Details of any portion of district still requiring :—

(a) Sewering—Wall Nook area, Barkisland.

(b) Improvement of defective sewers—Nil.

Number of houses not connected to sewers	...	...	500
--	-----	-----	-----

## Nuisance Inspections.

There were eight nuisances found in 1951 all of which required abatement. Informal notices were served and were complied with in every case.

## Closet Accommodation.

No. of privies with open middens	...	...	...	79
No. of Pail or Tub Closets	...	...	...	54
No. of privies with covered middens	...	...	...	98
No. of Water Closets	...	...	...	1501
Waste Water Closets	...	...	...	24
No. of closets, other than Privies reconstructed during 1951 as W.C's	...	...	...	1
No. of <b>additional</b> closets provided for old property in 1951 as :—				
(a) W.C's	...	...	...	14
(b) Other	...	...	...	—
No. of closets constructed in 1951 for new houses				
(a) W.C's	...	...	...	1
(b) Other	...	...	...	—
Total number of closets in District	...	...	...	1756
Percentage of closets on water carriage system	...			85.42

Grants are made by the Council for conversion of privies, waste water closets and pails to W.C. system.



